



## KDADS ADCSP PUBLIC COMMENT MATRIX (V2.0) 8/30/2021

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| Date: 11/23/2021  | Program (if Applicable): SED Waiver Renewal |
| <b>BRIEF DESCRIPTION OF DOCUMENT SUBMITTED FOR PUBLIC COMMENT</b>   |   |
| <p><b>Summary of Proposed Changes for the Severe Emotional Disturbance Waiver</b></p> <ol style="list-style-type: none"><li>1. Adding a telehealth delivery option of Parent Support and Training Service and Wrap-Around Facilitation.</li><li>2. Lowering the age of eligibility to 14 for Independent Living/Skills Building</li></ol> |   |

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| 1 | Other Stakeholder | <p>CMHCs statewide do not have expertise in serving children with Autism. SED Waiver billing should be opened up so families can choose other providers who have Autism expertise can bill under the SED Waiver.</p> <p>CMHCs do not clearly communicate to families they are being served under the SED Waiver or other state plan or core funding. Families have to be notified and understand when they are served under SED Waiver.</p>  | <p>KDADS acknowledges the concerns raised. The agency has set up a task force to provide recommendations to resolve some of the concerns raised. In addition, the agency plans to provide training for families and providers to address gap in service delivery for people with the autism.</p> <p>Comment noted</p>   |
| 2 | HCBS Provider     | <p>MOVE to SED Sheet</p> <p>Page 25 – Duration and Diagnosis: I see that “V” codes are not allowed, what about “Z” codes, such as parent-child relational problem?</p> <p>Page 55 – Freedom of Choice, Maintenance of Forms: It mentions FCADs, is this just due to previous cases where this form was still utilized as we are not currently using this document?</p> <p>Page 57 – Participant Service Definition, Attendant Care: Are QMHPs from outside agencies/not part of the CMHC providing wavier services allowed to sign off on plans/provide supervision or do we still need to have an agency staff for this?</p> <p>Page 71 – Participant Service Definition, Wraparound Facilitation: States that it needs to be provided at a minimum yearly – does this specifically have to be at the Annual meeting?</p> | <ol style="list-style-type: none"> <li>1. PENDING RESPONSE – Michele will talk to Fran on the first question</li> <li>2. Thank you for the comment. KDADS will review and revise the language on page 55 of the draft.</li> <li>3. A QMPH is required to sign off on plans and provide supervision. There is no requirement that they be employed directly by the CMHC.</li> <li>4. WAF is a service that can be provided, at a minimum at the annual meeting, and as frequently required by the participant.</li> <li>5. Face-to-face in-person meeting is required at the initial and annual , and 90-day interval WAF meetings.</li> <li>6. KDADS will expect, at a minimum, the WAF, TCM and MCO to attend these meetings in person/face-to-face.</li> <li>7. Yes, a 90-day review is required.</li> </ol> <p>Thank you for the comments.</p> |

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|   |                   | <p>Page 71 – Participant Service Definition, Wraparound Facilitation: States that it can be provided via telehealth except at required face-to-face every 6 months – does this just mean every 6-months or a specific review? What about annuals and initials?</p> <p>Pate 89 – Participant-Centered Service Planning &amp; Service Delivery, Service Plan Development Process: States initial and annual Service Plans are developed during face-to-face meeting – does every single participant need to be face-to-face? What about therapists that only work telehealth? What about members of the treatment team that work out of different offices like the parent support worker, case manager, or wraparound facilitator?</p> <p>Page 92 – Participant-Centered Service Planning &amp; Service Delivery, Service Plan Review and Update: States this is needed every three months, but previous sections seem to state minimally annually but also at 6 months, a bit confusing compared to previous sections.</p> |  |
| 3 | Other Stakeholder | <p>Is there a way to streamline waiver authorization for clients that are discharging from PRTF? Are some of the changes with telehealth allowances applicable to this eligibility assessment piece? We have some cases where it takes 2-5 weeks for the client to be reassessed for waiver services, authorized for respite service, and the plan of care approved so that respite services can be billed. For clients who already received respite prior to PRTF, we often could serve them much sooner however the approval process is delaying services.</p>  | <p>1. KDADS Behavioral Health Services Commission has set up an ongoing workgroup to address some of the PRTF issues raised here. Thank you for the comment.</p> <p>Thank you for the comment. We acknowledge the importance of training for providers and families. We have earmarked some of the FMAP 10% to develop training and will be hearing from families and providers on training development.</p> |

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|   |                 | How are the respite provider requirements determined (specifically which trainings must be completed by providers)? Is there a plan for those to be reviewed and updated? The current (and same as 10 years ago) training requirements are more applicable for CMHC staff working in an agency setting than for foster families who are providing home based respite services. We would like the opportunity to provide feedback as to what the requirements should be for foster families providing the services.   |  |
| 4 | HCBS Provider   | Can we change the language for the TCM and WAF at the same time to the "same person can not bill TCM and wraparound facilitation at the same time"? That would apply to the last sentence of the WAF definition (first paragraph) and the comment about the TCM and WAF should not be the same person. I think that would be much clearer for the point you are trying to make IF I am clearly understanding that correctly. The way it is currently written the TCM and WAF can not be working on different tasks at the same time (WAF contacting families to reschedule the wraparound meeting and TCM working on helping the family find resources they need) nor can a WAF in Western Kansas where they have fewer staff deliver timely service to a client because they have to wait on someone else to get the information and complete the task (instead WAF could finish their phone calls to set up wraparound meeting and then switch to billing TCM to call and find out who has food resources this month since family expressed that need when on the phone with the WAF). When you say that it can not be the same person at the same time, that very clearly says the same person is not billing two codes at the same time. It says that those of two very different services with very different purposes that can not be done at the same time by one person. | <p>KDADS will revise the waiver language to make a more clear delineation on how to conduct billing for WAF and TCM.</p> <p>Thank you for the comment.</p> |

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| 5 | Other Stakeholder | Waiver services are waiver services and the pool of money the state of Kansas receives for their citizens in need should be in one big pool and folks coming off the waiting list should be based upon date of application vs. what waiver they are on or diagnosis they have. I think it is discrimination by the state to have waivers that have waiting lists and waivers that do not have waiting lists. All citizens in need of waivers services are in equal need and should be treated no differently based upon their primary diagnosis. For IDD members to be on waiting lists for 10 yrs and a child with SED to immediately receive waiver or an elderly citizen to immediately receive waiver services is discriminatory. The message it sends is that individuals who are FE, BI, SED, etc... are more needs than those on waivers with waiting lists. | Thank you for your comment.  |
| 6 | Other Stakeholder | What if it is the parent's preference to meet via telehealth for wraparound facilitation meetings?  | They can certainly do that. They are required to meet face-to-face once a year when we are outside of the pandemic. Telehealth is fine now, but out of a public health emergency there is a requirement for the coordinators to meet face-to-face once a year.   |
| 7 | Other Stakeholder | Does the MCO have to be face-to-face at wraparound facilitation meetings? Does everyone involved have to be present face-to-face?   | 2. The MCO care coordinator and the wraparound facilitator must meet in-person at least once a year with members. I will have to check on whether or not others are required.  |
| 8 | Other Stakeholder | I know the same person can't bill 35 and 75 at the same time. Can two different people in the roles of TCM and WAF bill at the same time in the same meeting?   | One person can't bill the same services at the same time. They can be billed at the same time, not from the same person. They must be different people.  |
| 9 | Other Stakeholder | Does KDADS have a thought on who should lead care coordination meetings?  | KDADS: We hold the MCOs accountable for having the meetings and getting paperwork done. It depends on each meeting. The person-served is the person choosing who is leading. Each meeting will be case-by-case. Certainly the MCOs know they are held accountable for paperwork, making sure meetings happen |

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| 10 | Other Stakeholder | I am assuming then also that the wraparound facilitator and targeted case manager not being the same person is actually not the same person at the same time. Is that correct?   | Correct. If they're not the same person. It just can't be the same person billing both codes at same time, they need to be separate people.   |
| 11 | Other Stakeholder | As the CMHC we usually lead meetings because we provide direct services and have the rapport. But we know the MCOs are now responsible for Person Center Service Plans and PIs. Who should be leading the meeting. How should that work?   | KDADS: We hold the MCOs accountable for having the meetings and making sure paperwork is submitted. I think it depends on each meeting who leads. In my mind it should be the person being served should either lead the meeting or decide who they want to lead the meeting.   |
| 12 | Other Stakeholder | When we are getting a client onto Medicaid, but they aren't on the waiver yet, sometimes this takes time and we can't bill for TCM since we are going to end up being the wraparound facilitator. Should we continue to provide this service as a no-bill, or should we provide this service as targeted case management since they aren't on the waiver yet?  | KDADS will review this question to determine an appropriate response  |
| 13 | Other Stakeholder | If we have the capability to bill TCM until services start would be nice if we could bill for both   | We'll do some research to see if this is permitted  |
| 14 | Other Stakeholder | The process for once a client is over 18 and updating the Medicaid application has been very difficult. I try and meet with client between their 18th and 19th birthday and fill out application under their own name and the Clearinghouse has returned to say no application is needed. Is there a way to fix this? Since KDADS considers eighteen years old an adult and Clearinghouse considers adult to be nineteen years old.  | You might want to look at the information online about the waiver changes and the SED eligibility process to see if they answer your questions. What KDADS has to do for someone to remain on waiver when they turn 18 is we need an exception put into the system to be approved. That's what the waiver language specifies from CMS. It could be useful to prepare the person to be ready for this coming. KDADS will take this to KDHE to see what else they can do to help  |
| 15 | Other Stakeholder | For members coming out of the PRTF there is a significant gap. The assessments for SED waiver are not completed prior to discharge. Sometimes this is a funding issue with the medical card. Is there anything that can be done with that that could allow the mental health centers to do some billing before discharge to fill in that gap? Currently if someone who is eligible discharges from PRTF there can sometimes be a week to two weeks of assessment date to approval date. There is sometimes a lag. Is there anything to be done to fill this gap? | Thanks for this comment we will take it back. We want to work as efficiently as possible. Will have to get with behavioral health colleagues with PRTFs and talk about being able to be assessed for SED waiver while still in the PRTF. Hopefully any child who is in a PRTF has tried the SED waiver first, but that isn't always the case. We have noticed an uptick the last few months in the number of children applying for the waiver. The volume has increased and we are working through these as fast as we can. We'll also review MCO involvement here. If there is an email to Angi prior to a child leaving a PRTF it can help Angi navigate quicker. |

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| 16 | Other Stakeholder | The Provisional Plan of Care is not effective now until financial eligibility but that would be awesome. Problem will be if the process starts in one month but is approved in the following month.  | It's a difficult challenge. Until they're actually eligible for the waiver, they aren't eligible for services. We are trying to close this gap as much as we can. There have been improvements in the last year or so getting eligibility determined much more quickly. We'll continue to work through this |
| 17 | Other Stakeholder | <p>It would be great if that waiver medical card could be put on pause should a waiver participant have a residential stay so that services can start up in a timely matter.</p> <p>I have had so many more transfers recently. I don't know why more people are moving around but it is something we've noticed as an agency. It gets difficult sometimes to navigate all of the transfers. Even though it's a draft the manual that speaks to the transfers has been helpful. It's hard because sometimes the notification comes from the MCO, sometimes the family, sometimes the previous CMHC. Sometimes the previous CMHC doesn't have a release, just verbal consent. It feels like there needs to be more help with the transfer section Maybe create a 3161 specifically for transfers. Sometimes I don't have any information except the client's name and I have to contact multiple people to get updated contact information. If we can create a new document that shows their contact information that can be transmitted through agency mailboxes. KMIS is helpful but there would need to be a way to get all of those documents submitted. Anything to streamline transfer cases would be helpful</p> | KDHE does not need a 3161 with someone who is within the state. Maybe if you could work with other CMHCs and come up with a proposal on inter-state transfers we would want to hear about it and see if we can help you with that.  |
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